

City of Bloomington



Showers City Hall, Room 130
401 N. Morton Street, P.O. Box 100
Bloomington, IN 47402
Phone: (812) 349-3401

Down-payment and closing costs application
*Maximum Fund Request is \$5,000

Checklist

Completed application, signature(s), and dated
Copy of Offer to Purchase Property
Authority to Verify Credit Information signature(s), social security number, and dated
Verification of Employment for each applicant, signature(s), social security number, Part I and Part II
Verification of Deposits, signature(s), social security number, Part I and Part II
Tax forms from past year, both Federal and State taxes, with all attachments
Last two check stubs for each applicant
Home Buyer Education Certificate
Current bank statement from each bank

Application Date: _____

Applicant's Name: _____

Spouse's Name: _____

Current address: _____

How long at this address: _____

If less than three (3) years, previous address: _____

Telephone: (H) _____ (W) _____

Name and address of employer: _____

Have you owned a home in the last three years? _____ Is so when?

No. of years employed at this job: _____

If less than one (1) year, previous employer: _____

Spouse's name and address of employer: _____

No. of years employed at this job: _____

If less than one (1) year, previous employer: _____

Property Information:

Property address: _____

Purchase Price: _____

Realtor Name: _____

No. of Bedrooms: _____

1st mortgage holder: _____

Amount_____

Household Composition: (Please list all residents of your home)

Full Name	Relationship	Age	Race	Social Security #
	Applicant			
	Co-Applicant			

Monthly Income:

Source	Applicant	Co-Applicant	Other members over 18	Total
Gross Salary				
Overtime pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest/Dividends				
Social Security				
Pensions/Retirement				
Alimony/Child Support				
Other (list source)				
Other (list source)				
Total				

Assets:

Type	Cash Value	Income from Assets	Bank Name	Account #
Checking Account				
Checking Account				
Savings Account				
Savings Account				
Credit Union Account				
Stocks/IRA				
U.S. Savings Bonds				
Other (list source)				

Liabilities:

Please list outstanding obligations including auto loans, credit cards, charge accounts, personal loans, and all other debts.

Creditor Name & Address	Type	Monthly payment	Unpaid balance
	Monthly child support		
Total			

Housing Information:

Current monthly rent payment \$ _____

Does this include utilities? Yes No

If so, which ones: _____

Request amount:

Down-payment assistance requested \$ _____

Closing cost assistance \$ _____

Total request \$ _____

Is any other assistance/subsidy being requested or have you received any other assistance/subsidy? yes no

If yes: From whom have you received or requested the funds from and the amount.

The information provided is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Applicant

Date